

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 3442 11</div>		FILING DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
CLAIMS														
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
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TOTAL IND.	3	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	33	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	36							TOTAL CLAIMS						